



Non-DPS Procurement Solicitation #8661 (RFP)

**Provision of COVID-19 Therapeutics at Long Term Care Facilities**

**Specification Number:1245192**

**Required for use by:** DEPARTMENT OF HEALTH

**Bid/Proposal Submittal Date and Time:** 12:00 PM Central Time, 27-JUN-2022

**Deadline for Questions:** 04:00 PM Central Time, 10-JUN-2022

**Buyer:** GARCIA, SARAH

**Email Address:** Sarah.Garcia@cityofchicago.org

**Phone Number:** 3127479397

**Pre-Solicitation Conference Date and Time:** 03:00 PM Central Time, 08-JUN-2022

**Pre-Solicitation Conference Location:**

[https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_MmVkZjZjYWQtZjdiZS00ODc4LWI5MjAtNTUzMWMYyZ2IYTE5%40thread.v2/0?context=%7b%22Tid%22%3a%227036cda9-062d-4151-8144-97ddc56e7027%22%2c%22Oid%22%3a%22c583cfca-c506-4e64-a23f-7e907f347e7e%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_MmVkZjZjYWQtZjdiZS00ODc4LWI5MjAtNTUzMWMYyZ2IYTE5%40thread.v2/0?context=%7b%22Tid%22%3a%227036cda9-062d-4151-8144-97ddc56e7027%22%2c%22Oid%22%3a%22c583cfca-c506-4e64-a23f-7e907f347e7e%22%7d)

**Site Visit Date & Time:** N/A

**Site Visit Location:** N/A

***Please submit your response to:***

<http://www.cityofchicago.org/eProcurement>  
iSupplier vendor portal registration is required.  
Allow 3 business days to complete registration.

**LORI E. LIGHTFOOT**  
MAYOR

**Dr. Allison Arwady**  
Commissioner

**Specification Number:** 1245192

**Type of Funding:**

**Title:** Provision of COVID-19 Therapeutics at Long Term Care Facilities

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**1 Header Information**

**1.1 General Information**

Title	<b>Provision of COVID-19 Therapeutics at Long Term Care Facilities</b>		
Description	<b>Provision of COVID-19 Therapeutics at Long Term Care Facilities</b>		
Preview Date	<b>27-MAY-2022 08:06:35</b>	Open Date	<b>27-MAY-2022 08:06:35</b>
Close Date	<b>12:00 PM Central Time, 27-JUN-2022</b>	Award Date	<b>Not Specified</b>
Time Zone	<b>Central Time</b>	Buyer	<b>GARCIA, SARAH</b>
Quote Style	<b>Sealed</b>	Email	<b>Sarah.Garcia@cityofchicago.org</b>
Event	<b>Non-DPS Procurement</b>	Outcome	<b>ProServ Blanket Agreement</b>

**1.2 Terms**

Effective Start Date	<b>Not Specified</b>	Effective End Date	<b>Not Specified</b>
Ship-To Address	<b>041- DEPAUL 2FL 333 S. STATE ST. 2ND FLOOR Chicago, IL 60604 United States</b>	Bill-To Address	<b>041- DEPAUL 2FL 333 S. STATE ST. 2ND FLOOR Chicago, IL 60604 United States</b>
Payment Terms	<b>IMMEDIATE</b>	Carrier	
FOB		Freight Terms	
Currency	<b>USD (US Dollar)</b>	Price Precision	<b>Any</b>
Total Agreement Amount (USD)	<b>Not Specified</b>	Minimum Release Amount (USD)	<b>Not Specified</b>

**1.3 Requirements**

<p><b>RFP DEADLINE</b></p> <p><u>PLEASE NOTE:</u> Please do not wait until the RFP deadline time to submit your proposal. Proposals not submitted due to the system closing at the RFP deadline will not be accepted under any circumstances. Please allow enough time so that any technical issues can be addressed directly with the eprocurement help desk. The RFP will automatically close at the deadline regardless if you are working in the system.</p> <p>.....</p> <p>Type <b>No Response Required</b></p>
<p><b>CHARACTER LIMIT</b></p> <p>Responses to questions below are limited to 4,000 characters each. If your response requires more than 4,000 characters, please attach response.</p> <p>.....</p> <p>Type <b>No Response Required</b></p>
<p><b>Communication</b></p> <p>Please submit all communication via the Online Discussion option within eProcurement <u>only</u>. Emailed communication will be directed back to Online Discussion.</p> <p>.....</p> <p>Provide your answer below</p>
<p><b>Contact</b></p> <p>What is the First Name of the contact person for this RFP?</p> <p>.....</p> <p>Provide your answer below</p>

Contact
What is the Last Name of the contact person for this RFP? ..... Provide your answer below
What is the Title of the contact person for this RFP? ..... Provide your answer below
What is the Phone Number of the contact person for this RFP? ..... Provide your answer below
What is the Email of the contact person for this RFP? ..... Provide your answer below
<b>Organization Information</b>
What is your Legal Organization Name? ..... Provide your answer below
What is your Legal Organization Address? ..... Provide your answer below

<b>Organization Information</b>
<p>What is your Legal Organization City? ..... Provide your answer below</p>
<p>What is your Legal Organization State? ..... Provide your answer below</p>
<p>What is your Legal Organization Zip Code? ..... Provide your answer below</p>
<p>What is your Legal Organization County? ..... Provide your answer below</p>
<p>What is your Legal Organization Telephone Number? ..... Provide your answer below</p>
<p>Please enter your agency's Federal Employer Identification Number. Your Federal Tax ID number is a 9 digit number that contains only numbers. Acceptable formats for this number are 123456789 or 12-3456789. To find your Federal Tax ID number, try the following options: 1) Call the Internal Revenue Service Call Center at 877-829-5500 or Search for your Tax ID number at the IRS website: <a href="https://www.irs.gov/charities-non-profits/tax-exempt-organization-search">https://www.irs.gov/charities-non-profits/tax-exempt-organization-search</a>.</p>

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<b>Organization Information</b>
..... Provide your answer below
Please enter the DUNS number associated with your organization. All organizations receiving federal financial awards or sub-awards must have a DUNS number. You may search for your DUNS number or request one here - <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> . ..... Provide your answer below
Please enter the Unique Entity ID (SAM) number associated with your organization. All organizations receiving federal financial awards or sub-awards must have a Unique Entity ID (SAM) number. You may search for your Unique Entity ID (SAM) number or request one here - <a href="http://SAM.gov">http://SAM.gov</a> ..... Provide your answer below
Please provide the name of your agency's chief executive. ..... Provide your answer below
Please provide the official title for the chief executive of your agency. ..... Provide your answer below
Please provide the chief executive's contact telephone number, including area code. ..... Provide your answer below

<b>Organization Information</b>
Please provide your chief executive's e-mail address. ..... Provide your answer below
Please provide the name of your agency's chief financial officer. ..... Provide your answer below
Please provide the contact phone number for your agency's chief financial officer. ..... Provide your answer below
Please provide the e-mail address for your agency's chief financial officer. ..... Provide your answer below
<b>Community Reach</b>
Provide the name of the COMMUNITY AREA(s) where the services will be offered. ..... Provide your answer below
Provide the WARD(s) where the services will be offered. ..... Provide your answer below

<b>Community Reach</b>
<b>Staffing Plan</b>
<p>Please attach your organizations staffing plan in response to this RFP and in accordance with Section V. Staffing Plan of the RFP document.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Describe the staffing or hiring plan for the program, including relevant qualifications and characteristics of the staff that will be responsible for all required activities. Attach your organizations staffing plan in response to this RFP and in accordance with Section V. Staffing Plan of the RFP document.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Describe the training and supervision that staff who are performing program activities will receive.</p> <p>.....</p> <p>Provide your answer below</p>
<p>If you anticipate including any subcontractor(s) in your project, please state the names of all known partnering agencies and their roles within project. Describe previous collaboration(s) and their outcomes.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please describe how your organization plans to maintain sufficiently stable staffing, given a variable services schedule that can be deployed to a range of different settings as directed by CDPH.</p> <p>.....</p> <p>Provide your answer below</p>
<b>Budget</b>
<p>Respondent must submit a budget not to exceed the maximum amount quoted in Section VI. Available Funding of the RFP document. Failure to do so will result in deduction in points given.</p>



<b>Budget</b>
<p>.....</p> <p><b>Type No Response Required</b></p> <p>Respondent must submit a 1-year budget not to exceed the maximum amount and must be aligned with guidelines in <i>Section VIII. Budget and Justification</i> of the RFP document. Failure to do so will result in deduction in points given.</p> <p>.....</p> <p>Provide your answer below</p>
<b>Alignment with CDPH Principles</b>
<p>Health equity: Describe how your organization uses data to identify inequities in health outcomes among the customers you serve. Provide recent examples of changes your organization has made to policy and/or practice to identify and address inequities.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Deconstructing Racist Systems: Describe how your organization works to transform or dismantle institutional policies and practices that compromise the well-being of your communities of color workforce.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Cultural Responsiveness: Describe how your organization works to ensure services are culturally and linguistically appropriate</p> <p>.....</p> <p>Provide your answer below</p>
<p>Trauma prevention and trauma-informed: Describe how your organization and staff will work to ensure that their services support individuals that have experienced trauma, including particular attention to how the provision of COVID-19 treatment for communities of color or marginalized groups will be collaborative, consensual, and informed and benefit these communities, rather than extractive or exploitative.</p> <p>.....</p> <p>Provide your answer below</p>

<b>Alignment with CDPH Principles</b>
<b>Technical expertise and relevant experience</b>
Describe your organization's ability to provide education, administer intravenous COVID-19 therapy, review pertinent potential drug interactions for oral agents, and observe for adverse events related to infusion. ..... Provide your answer below
Describe your organization's ability to establish infection control procedures to protect your staff and individuals treated. ..... Provide your answer below
Describe your organization's technical expertise in infection prevention related to disseminating clinical and public health guidance. ..... Provide your answer below
Describe your organization's technical expertise in vaccine education and administration in congregate settings. ..... Provide your answer below
Describe your organization's experience working with community engagement. ..... Provide your answer below
Describe your organization's experience working with public health organizations. .....

<b>Technical expertise and relevant experience</b>
Provide your answer below
Describe any barriers you expect to encounter that may impede the success of the proposed project, and how the organization plans to overcome these challenges. ..... Provide your answer below
<b>Proposed project capacity</b>
Describe how your organization plans to offer flexible capacity regarding deployment frequency and volume. ..... Provide your answer below
Describe how your organization plans to comply with public health reporting for disease treatment. ..... Provide your answer below
Describe how your organization will identify, train and retain operational staff with relevant competencies. ..... Provide your answer below
Describe how your organization plans to provide treatment in settings with little healthcare infrastructure such as assisted living and how communication will be provided to resident primary care providers. ..... Provide your answer below

<p><b>Proposed project capacity</b></p> <p>Describe how your organization plans to work with public health to identify gaps in treatment access.  .....  Provide your answer below</p>
<p><b>Data Collecting and Reporting</b></p> <p>Describe how program data will be collected, stored, and tracked by your organization, including race and ethnicity.  .....  Provide your answer below</p>
<p>Describe how program data will be reported in accordance with reporting requirements.  .....  Provide your answer below</p>
<p><b>Statement of Assurance/ Confirmation of Required Documents</b></p> <p>Respondent must submit a budget not to exceed the maximum amount quoted in Section IV. Available Funding of the RFP document. Failure to do so will result in deduction in points given. Please acknowledge that you uploaded a completed budget outlining all details for the program in its entirety.  .....  Provide your answer below</p>
<p>Please acknowledge that you have read, completed and attach the Conflict of Interest Questionnaire.  .....  Provide your answer below</p>
<p>Please acknowledge that you have read the laws, statutes, ordinances and executive orders section of the RFP.  .....</p>

<b>Statement of Assurance/ Confirmation of Required Documents</b>
Provide your answer below
Please provide your initials signifying that all required documents have been reviewed and submitted as required. ..... Provide your answer below
Provide the full name of the signatory. ..... Provide your answer below
Please provide the title of the signatory. ..... Provide your answer below

**1.4 Attachments**

Name	Data Type	Description
ATTACHMENT 01: RFP Document	File	RFP Document
ATTACHMENT 02: BUDGET FORM INSTRUCTIONS	File	Budget Form Instructions
ATTACHMENT 03: CONFLICT OF INTEREST QUESTIONNAIRE	File	Conflict of Interest Questionnaire
ATTACHMENT 04: INSTRUCTIONS FORM SUBMITTING APPLICATION	File	INSTRUCTIONS FORM SUBMITTING APPLICATION
ATTACHMENT 05: Online Customer Support	File	Online Customer Support – please contact for all online technical support

**1.5 Response Rules**

Specification Number: 1245192

Type of Funding:

Title: Provision of COVID-19 Therapeutics at Long Term Care Facilities

- Solicitation is restricted to invited suppliers
- Suppliers are allowed to view other suppliers' contract terms, notes and attachments
- Suppliers are allowed to respond to selected lines
- Suppliers are allowed to provide multiple responses
- Buyer may close the solicitation before the Close Date
- Buyer may manually extend the solicitation while it is open

**2 Price Schedule**

**2.1 Line Information**

Display Rank As **No indicator displayed**  
 Ranking **Price Only**  
 Cost Factors **None**

Line	Item, Rev / Job	Target Quantity	Unit	Unit Price	Amount
1	0005 - Personnel	1	USD		
2	0044 - Fringe Benefits	1	USD		
3	0100 - Operating/Technical	1	USD		
4	0140 - Professional and Technical Services	1	USD		
5	0200 - Travel	1	USD		
6	0300 - Materials and Supplies	1	USD		
7	0400 - Equipment	1	USD		
8	0801 - Indirect	1	USD		
9	0999 - Other	1	USD		

**2.2 Line Details**

**2.2.1 Line 1 0005 - Personnel**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.2 Line 2 0044 - Fringe Benefits**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.3 Line 3 0100 - Operating/Technical**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.4 Line 4 0140 - Professional and Technical Services**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.5 Line 5 0200 - Travel**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.6 Line 6 0300 - Materials and Supplies**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.7 Line 7 0400 - Equipment**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.8 Line 8 0801 - Indirect**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.9 Line 9 0999 - Other**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		



**City of Chicago**



**REQUEST FOR PROPOSALS (RFP)  
(Provision of COVID-19 Therapeutics at  
Long Term Care Facilities)  
RFP# 8661**

**All Proposals must be submitted through eProcurement system**  
**<http://www.cityofchicago.org/eprocurement>**

**Questions concerning the RFP should be directed to:**

Christy Zelinski  
Chicago Department of Public Health  
[312-746-4023]  
[Christy.zelinski@cityofchicago.org](mailto:Christy.zelinski@cityofchicago.org)

City of Chicago  
Department of Public Health  
Disease Control Bureau

## I. Purpose

The City of Chicago (“City”) acting through the Chicago Department of Public Health (CDPH) seeks qualified organization(s) to provide COVID-19 treatment advice to long term care facility providers, assist with logistics and transfer of product from hospitals or other facilities with product to share, facilitate the prompt administration of medication with necessary observation time, and report to the city and state on product usage. This intervention is in the context of public health response to COVID-19 outbreaks among skilled nursing facilities and assisted living facilities and applies to long term care facilities as defined by the Nursing Home Care Act (210 ILCS 45, e.g., skilled nursing facilities and assisted living facilities). Awardee(s) will provide flexible capacity for medical consultation, medication delivery logistics (whether from a hospital or commercial pharmacy) and may include laboratory testing and vaccination for COVID-19 in long term care facilities, which will contribute to the early mitigation of disease outbreaks of cases and prevent healthcare system burden from hospitalizations in the City. This RFP seeks to create flexible capacity that enhances the public health response to COVID-19 in long term care settings.

## II. Background

### Need for this service

As of February 18, 2022, long-term care (LTC) facilities were associated with 49,435 resident COVID-19 cases and 44,953 staff cases in Illinois.<sup>1</sup> Of the resident cases, 16% (7,876) died and of staff cases, 0.2% (99) died.<sup>1</sup> Residents of long-term care are at highest risk for poor outcomes. Early intervention with monoclonal antibody treatment may reduce the risk of severe illness and hospitalization for residents of long-term care diagnosed with (or exposed to) COVID-19 who are at high risk of developing more serious illness. Early detection and a prompt, comprehensive public health response with treatment options is critical to interrupt transmission and protect high risk communities. Importantly, these measures support Chicago’s commitment to protect those at high risk for severe COVID-19 outcomes by preventing progression of disease. This RFP seeks to enhance current CDPH capacity by building teams that can provide a comprehensive public health response, including offering technical assistance regarding the appropriate treatment for residents diagnosed or exposed to COVID-19 and supportive roles to assist with medication delivery, administration, observation, and reporting of this vital intervention. In your response, describe how your organization plans to work with public health to identify gaps in treatment access.

<sup>1</sup><https://dph.illinois.gov/covid19/data/long-term-care-covid-19-facility-level-data.html>

### Alignment with Healthy Chicago 2025

The Chicago Department of Public Health’s (CDPH) mission is to promote and improve health by engaging residents, communities and partners in establishing and implementing policies and services that prioritize residents and communities with the greatest need. CDPH’s work is guided by its community health improvement plan, [Healthy Chicago 2025](#), that is focused on racial and health equity. This RFP aligns with the following Healthy Chicago 2025 assessment themes:

- Improve systems of care for populations most affected by inequities

Please visit Healthy Chicago 2025 to learn more about the assessment themes, priority areas, populations served, ideal states and more:

<[https://www.chicago.gov/content/dam/city/depts/cdph/statistics\\_and\\_reports/HC2025\\_917\\_FINAL.pdf](https://www.chicago.gov/content/dam/city/depts/cdph/statistics_and_reports/HC2025_917_FINAL.pdf)>.

#### **Alignment with CDPH Guiding Principles**

All CDPH activities are guided by the following principles. CDPH and their sub-contractors are expected to integrate these principles into organization policy and practice. Respondents will be asked to address these principles in their response to this Request for Proposal.

- Deconstructing racist systems – actively working to reframe and dismantle systems that perpetuate privilege.
- Trauma prevention and trauma-informed services – ensuring services address trauma and healing.
- Cultural responsiveness – ensuring services are culturally and linguistically appropriate.
- Health equity in all communities – allocating resources and services to people and areas with the greatest need.

### **III. Internet Access to this RFP**

Respondents may download the RFP and any future addenda from the City’s Department of Procurement Services (DPS) website at the following URL:

<https://www.chicago.gov/city/en/depts/dps/isupplier/current-bids.html>. Respondents are required to have Internet access and a email address. The City will not provide hardcopies of this RFP or clarifications and/or addenda. Respondents are required to submit responses via the City’s online purchasing system, eProcurement.

The City accepts no responsibility for the timely delivery of materials or for alerting Respondents on posting to the DPS website information related to this RFP.

Under no circumstances shall failure to obtain clarifications and/or addenda relieve a Respondent from being bound by any additional terms and conditions in the clarifications and/or addenda, or from considering additional information contained therein in preparing a submittal. Furthermore, failure to obtain any clarification and/or addendum shall not be valid grounds for a protest against award(s) made under this RFP.

### **IV. Project Description**

#### **a. Program Activities**

CDPH will work with award recipients who provide robust public health services on behalf of CDPH, including pharmaceutical interventions, data collection, reporting, and infection prevention.

#### **b. Scope of Services (Provision of Medication, Logistics of Providing Medication, and Reporting Medication Administered)**

**Provision of medical therapeutic and prophylactic interventions and infection prevention services**

- Provide wrap around services related to provision of monoclonal antibodies (mAB), antivirals and reporting in skilled nursing and/or assisted living facilities
- Form medication teams that can deploy to LTC facilities including those as defined by the Nursing Home Care Act (210 ILCS 45, e.g., skilled nursing facilities and assisted living facilities). Teams must include at least one clinician (physician or nurse); see logistics section below
- Teams must be available to deploy within 48 hours of request by CDPH.
- Teams conduct technical assistance and support clinical services for COVID-19 at facilities as directed by CDPH, who will be informed by data of priority facilities in need of therapeutics and prophylactic therapies.
- Staffing will be sufficiently stable so that staff on treatment teams can be authenticated into a secure portal – authentication will be offered weekly for the first month, monthly for the next three months, then quarterly. In your response, describe how your organization will identify, train and retain operational staff with relevant competencies.
- Teams must be of sufficient size to advise regarding treatment and reporting for up to 100 individuals per clinical service provision event or per day
- Contact the Medical Director and/or Director of Nursing of each facility to review list of positive patients and exposures to discuss potential use of mAB as indicated by the most prevalent circulating SARS-CoV-2 variant (as informed by CDPH and IDPH). Also discuss the option for receipt of antivirals and review of potential drug interactions and ability to pause medications which may significantly interact.
- Facilitate ordering of mAB and/or antiviral following discussion with CDPH and the facility.
- Educate providers caring for immunocompromised patients (e.g., transplant patients, chemotherapy patients, etc.) on pre-exposure prophylaxis, post-exposure prophylaxis (PEP) and the need for rapid evaluation if exposed
- For all facilities collect the resident census:
  - confirm those who tested SARS-CoV-2 positive within the prior 9-10 days for receipt of treatment with mAB.
  - Confirm those residents identified as close contacts of COVID-19 cases within 5-7 days for receipt of PEP with mAB.
  - Confirm those who tested SARS-CoV-2 positive 3-5 days for consideration of treatment with antivirals.
- For all individuals for whom treatment or prophylaxis is provided, collect necessary patient identifiable and reportable information (e.g., full name, date of birth, race/ethnicity, address)
- Provide treatment to patient
  - Infusion duration up to ~1 hr with an additional 1 hr of observation post infusion, with checks during infusion and observation
  - Infusion pumps or gravity-based infusion acceptable
  - Subcutaneous administration if appropriate per emergency use authorization (EUA) (REGENERON if appropriate by local molecular analysis)
- Collect relevant epidemiologic information, as determined by CDPH, and report to CDPH in compliance with federal, state and local reporting mandates.

- Consideration may be given to provide mAB or antivirals to infected or exposed healthcare personnel. Infected individuals would be at home on isolation; exposed individuals who are vaccinated may continue to work but could qualify for treatment.
- Conduct infection prevention and control assessments on site in facilities and provide infection and prevention control reports to CDPH and guidance to facilities as directed by CDPH.
- Contractor may provide vaccination administration as indicated but is not a critical component of this RFP.

#### **Logistics regarding facilitation of receipt of medication**

- Contractors must be registered with HHS Teletracking for Ordering Monoclonal Antibody and HHS Health Partner Ordering Platform (HPOP) for ordering Evusheld and antivirals or other ordering hubs designated by IDPH and/or CDPH
- HHS recommendations for staffing plans may be viewed [here](#). Additional information to consider are as follows:
  - Medication must be stored according to manufacturer's specifications prior to delivery to facility.
  - Medication should be administered at the long-term care facility; appropriate staffing qualified to administer and observe intravenous and/or subcutaneous injections should be present on the team.
  - Infusion and observation time can take from 80-120 minutes.
  - Under an amendment to the PREP Act, Pharmacists and qualified Pharmacy Technicians may prescribe and administer COVID-19 therapeutics (subcutaneously, orally, or intramuscularly) unless otherwise stated in the product EUA (<https://www.ashp.org/-/media/assets/advocacy-issues/docs/GRDHHS-PREP-Act-Declaration-Amendment-9-Fact-Sheet.pdf>)
- The team coordinator should contact the long-term care site and have a point of contact prior to team deployment.
- Determine who is responsible for ordering the mAB administration. CDPH can assist with this task. Options include a referring provider, an on-site provider, or a standing order.
- Team should be prepared to manage adverse reactions
  - Infusion rate may be reduced based on patient circumstances
  - Ensure an emergency action plan is in place that includes the ability to activate EMS if necessary (a requirement for administration under the EUA)
- Appropriate personal protective equipment (PPE) should be worn by the team on site at all times. Many facilities in need of treatment or post-exposure prophylaxis will be in an outbreak. N95 fit-tested respirators and eyewear, along with gown and gloves should be worn by clinical staff working with infected or exposed residents.

#### **Reporting**

- Team must provide information on utilization and information regarding product on hand in compliance with federal, state, and local reporting mandates.
- For all individuals for whom treatment or prophylaxis is provided, collect necessary patient identifiable and reportable information (e.g., full name, date of birth, race/ethnicity, address) into a REDCap data capture tool.

- **Team must provide reports of adverse events**
  - Events that are potentially attributable to mAB use must be reported to the FDA
    - Refer to the Fact Sheet for Healthcare Providers as part of EUA for guidance
    - Complete and submit a MedWatch form or complete and fax FDA Form 3500 to report
  - Site must maintain records regarding use of the mAB by patients including the following.
    - Inventory information: e.g., lot numbers, quantity, receiving site, receipt date, product storage
    - Patient information: e.g., patient name, age, race, ethnicity, disease manifestation, number of doses administered per patient, other drugs administered
  - Ensure that any records associated with this EUA are maintained for inspection upon request.
  
- **Reporting to Primary Care Physician which residents received therapy:** Contractor will report to the facility which individuals received antiviral therapy. Antiviral therapy administration must include educational materials including fact sheet about medication administered.
  
- **Quantity of services:** Contractor shall work with CDPH to reach the following goals per week:
  - Up to 10 sites for targeted COVID-19 therapeutics prophylaxis and treatment education for healthcare providers per week; teams should be available at least 3 days per week and include staff and equipment to provide up to 100 resident treatment courses and all necessary personal protective equipment for staff. In your response describe how your organization plans to offer flexible capacity regarding deployment frequency and volume.
  
- **Equipment and Materials:** CDPH will request that IDPH allocate mAb and antivirals for these efforts.
  - Contractor is responsible for providing print materials for education efforts.
  - Contractor is responsible for all equipment and materials including, but not limited to additional educational materials as needed, consent forms, PPE for Contractor's personnel, other medication administration materials not provided by CDPH, data entry materials (e.g. computers and WiFi hotspots as needed and materials needed on-site to indicate medication administration in process (e.g., signage). In addition, providers must have a functional HL7 interface into I-CARE and be able to submit vaccination records within 24 hours, as applicable.

Program and Fiscal Monitoring Standards

Any vendor found to be non-compliant with the standards at any time, will be held responsible and required by the City of Chicago to restore any damages and/or cost associated with vendor non-compliance.

## V. Staffing Plan

All responses to the RFP must include the title of all staff allocated to the proposed budget, a description of each position and the activity to be performed by the staff. Please describe the number of staff (part time, full time, or hourly) that will receive compensation. Provide job descriptions and resumes of staff, as well as job descriptions for any vacant positions or new positions that will be created because of this RFP. The staffing plan must match the budget developed for this RFP. Describe the training and supervision the staff who are performing program activities will receive. Describe any subcontractors in your project and state the names of all partnering agencies and their roles within the project. Describe any prior collaborations and their outcomes. Please describe how your organization plans to maintain sufficiently stable staffing, given a variable services schedule that can be deployed to a range of different settings as directed by CDPH.

## VI. Available Funding

A total of \$2,000,000 will be available through this RFP for the initial contract beginning July 1<sup>st</sup> 2022 through February 28, 2023, with up to two contract extensions, each not to exceed one year. Extensions and allocation of funds are at the discretion of the City based on the availability of funds, the need to extend services, and the respondent's performance. It is anticipated that several applicants may be selected. Should CDPH receive additional funding in support of these services, CDPH reserves the right to expand services by amending agreements with award recipients. CDPH reserves the right to award to one or multiple successful applicants and the expected range is between 1-3 awardees.

## VII. Compensation

The quantity and frequency of Services that the CDPH will order from Contractor(s) is at CDPH's discretion and is dependent upon the public health need, available funding, and the number of successful applicants to this RFP. The assignment of work to the contractor(s) by the City will be made based on the capacity and expertise of the contractor, relative to the required Service.

As a requirement of this RFP, applicants must provide pricing for services. The proposed prices will apply for the extension years. Modifications may be addressed with contract amendments.

**Services** – In alignment in the articulated scope of service V.b, services will be compensated per facility visit per day, including:

- Team for provision of healthcare leadership education and medical therapeutics and prophylactic interventions for up to 100 individuals per clinical service provision event or per day
- Logistics regarding facilitation of receipt of medication
- Team must provide information on utilization in compliance with federal, state, and local reporting mandates, reporting of adverse events and reporting to Primary Care Physician

In addition to line item personnel and non-personnel costs, respondents will propose Compensation on the e-procurement Proposal Pages as a flat fee for the each of the items above. Respondents must

propose pricing for all line items articulated in scope of service V.b they seek to be awarded. If a line item does not appear on the eprocurement Proposal Pages for a specific service, Respondent may propose that service and associated pricing on an attachment to be uploaded on eprocurement. The flat fees will be all inclusive and the Contractor(s) may not charge the City any additional costs.

**Invoices.** Contractor must submit monthly invoices to the City. The invoices must be in such detail as the City requests. The City will process payment within 60 days after receipt of invoices and all supporting documentation necessary for the City to verify the Services provided under this Agreement.

#### **VIII. Budget**

Each budget must include line items for personnel and non-personnel costs. Organizations can use up to ten percent of the total award for indirect/administrative costs. Respondent must propose a not to exceed pricing amount based on expected usage. A narrative budget justification must accompany the budget and must describe and justify all costs proposed in the budget. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment (e.g., computers, printers, mobile devices)
- Supplies (e.g., meeting supplies, office supplies)
- Travel costs (program staff only)
- Other
- Contractual costs (including amounts to be awarded to other clinical entities)
- Total direct costs
- Indirect costs

Salaries and Wages: For each requested position, provide the following information: name of team member occupying the position, if available; annual salary; how the employee is paid (e.g., hourly, weekly, bi-weekly, monthly, etc.); percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives outlined in the work plan. If the respondent has not yet identified individuals to fill positions, indicate these positions are yet to be hired.

Fringe Benefits: Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is calculated.

Consultant Costs: This category is appropriate when hiring an individual to give professional advice or services (e.g., training, expert consultation, etc.) for a fee. This category does not include employees of the contracted agency. Written approval must be obtained from CDPH prior to establishing a written agreement for consultant services. Approval to initiate program activities through the services of a consultant requires submission of the following information to CDPH:

- Name of consultant
- Organizational affiliation (if applicable)
- Nature of services to be rendered



- Relevance of service to CDPH-funded project
- Number of days of consultation (i.e., the basis for the consultant’s fee)
- Expected rate of compensation (including travel, per diem, and other related expenses)

Include this information in the body of the budget justification and summarize in the line-item budget. If the above information is unknown for any consultant at the time of the application is submitted, the information may be submitted at a later date as a revision to the budget.

Equipment: Provide justification for the use of each piece of equipment and relate it to specific program objectives. Maintenance or rental fees should be included in the Other category.

Supplies: Individually list each supply item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, “general office supplies” may be shown by an estimated amount per month multiplied by the number of months in the budget category.

Travel: Reserves requested in the travel category should include staff travel only. Travel for consultants should be shown in the Consultant category. Travel for program customers, advisory committees, review panels, etc. should be itemized in the same way specified below under the Other budget category.

- In-State Travel – Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If the agency does not have a mileage reimbursement rate established, use the current federal rate available at <http://www.gsa.gov/mileage>. Include here the expenses to operate agency-owned vehicles that are used in program delivery. All drivers/vehicles used for this program must have valid licenses and insurance. If per diem is to be paid, indicate the number of days and the amount of daily per diem. Allowable per diem rates are available at <https://www.gsa.gov/travel/planbook/per-diem-rates/per-diem-rates-lookup>. Include the cost of ground transportation when applicable.
- Out-of-State Travel – Out of State travel will be approved on a case-by-case basis.

Other: This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives. Some items are self-explanatory (e.g., telephone, postage). If not, include additional information. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, program reporting forms, materials for marketing/ recruitment).

Contractual Costs: When known, please provide the following information about sub-contractors.

- Please state the names of all partnering organizations, the dollar amounts they will receive, and their role within the program.
- Describe how these subcontractors were selected.
- Describe how the organization will monitor the programmatic and fiscal performance of the subcontractors.
- Cost reimbursement for vaccines or testing will exclude supplies when available and provided through existing state and federal mechanisms during the activity period.
- Cost reimbursement will exclude supplies when available and provided through existing state and federal mechanisms during the activity period.

If this information is unknown for any contractor at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. Copies of the actual contracts should not be sent to CDPH but must be available for review.

Total Direct Costs: Total direct costs include totals for each of the previous budget categories.

Indirect Costs: Organizations can use up to 10 percent of the award for indirect/administrative costs. Staff supported by this RFP are NOT City of Chicago employees; they are employed by the agency/agencies. The respondent must list the salary and/or hourly rate of staff assigned to this RFP. Staff are not permitted to serve as volunteers; they must be paid for their time worked, skill level, lived experience (if applicable), and their expertise in the field. The job description detailing the duties and responsibilities required will serve as guidance for the workflow and salary/hourly wage. Complete a program budget outlining all detailed expenses in its entirety for this proposal (e.g. salaries, program materials, travel reimbursement). **Program budget cannot exceed the available amount indicated in Section IV. Professional Services Reserving above.** The wages of the staff who are employed by the respondent and any agencies that will serve as subcontractors to the respondent must meet the City's minimum wage requirements found here:

<https://www.chicago.gov/city/en/depts/bacp/provdrs/enforce/news/2019/july/minimumwage.html>

**CDPH strongly encourages Respondents to pay all employees a fair living wage.** More information about calculating living wages can be found using the [Living Wage Calculator](#).

## IX. Fiscal Capacity

Payment for services will be made on a reimbursement basis. Respondents must demonstrate capacity to fund program expenditures from the start date until they are reimbursed by the City. As multiple agencies may be subcontractors of the organizations, the application must be submitted by the organization as the Respondent. The organization must obtain all expenses from the agency/agencies and assume all reporting responsibilities for all the expenses for the award. The budget for the total fiscal year must include all expenses for the award from the agency and all agencies to receive funds through this RFP.

## X. Eligibility Requirements

Respondents eligible for this RFP must meet the following criteria:

- Be in good standing with the City of Chicago, State of Illinois, and United States Federal Government
- Have the administrative, organizational, programmatic, information technology, and fiscal capability to plan, develop and implement
- Agencies with a limited capacity to administer the fiscal responsibilities associated with their programs may choose to contract with a fiscal and reporting agency to provide administrative services. These costs should be reported under the Contractual costs line item
- Respondents that do not meet these eligibility requirements will NOT have their applications reviewed

Respondents that do not meet these eligibility requirements will **NOT** have their applications evaluated; incomplete applications will **NOT** be evaluated for this RFP.

## **XI.** RFP and Submission Information

### **a.** e-Procurement system

*To complete an application for this RFP, RESPONDENTS will need to set up an account in the new eProcurement/iSupplier system.*

Registration in iSupplier is the first step to ensuring your agency's ability to conduct business with the City of Chicago and CDPH. *Please allow three days for your registration to be processed.* Respondents requiring access to eProcurement are encouraged to register immediately upon receiving the notice of this solicitation; customer support will be available to provide additional assistance as needed. Please see below for additional contact information.

The Department of Procurement Services (DPS) manages the iSupplier registration process. All contracted vendors are required to register in the iSupplier portal at [www.cityofchicago.org/eProcurement](http://www.cityofchicago.org/eProcurement). All vendors must have a Federal Employer Identification Number (FEIN) and an IRS W9 for registration and confirmation of vendor business information.

1. New Vendors – Must register at [www.cityofchicago.org/eProcurement](http://www.cityofchicago.org/eProcurement).
2. Existing Vendors – You must request an iSupplier invitation via email if your organization does not have an account in the iSupplier system. Include your Complete Company Name, City of Chicago Vendor/Supplier Number (found on the front page of your contract), and W-9 in your email to [customersupport@cityofchicago.org](mailto:customersupport@cityofchicago.org). You will then receive a response from DPS, which will allow the user to complete the registration process. Please check your junk email folder if you have made a request and have not received a response within 3 days of the request.

For further eProcurement help use the following contacts:

- Questions on Registration: [CustomerSupport@cityofchicago.org](mailto:CustomerSupport@cityofchicago.org)
- Questions on eProcurement for vendors including: [CustomerSupport@cityofchicago.org](mailto:CustomerSupport@cityofchicago.org) or contact the Customer Support Center at 312-744-HELP
- Online Training Materials: <https://www.cityofchicago.org/city/en/depts/dps/isupplier/online-training-materials.html>

Respondents must submit an application for the request for proposal via eProcurement.

*For this application, all answers to application questions are limited to 4,000 characters, including spaces and punctuation.*

### **b.** For respondents who wish to submit more than one application to an RFP

Organizations submitting more than one proposal (maximum of three) may do so by submitting each proposal by a separate, unique registered account user with online bidding responsibilities, using their individual login information.

If you are having difficulty registering additional people, please refer to this handout

[https://www.cityofchicago.org/content/dam/city/depts/dps/isupplier/training/Vendor\\_Create\\_New\\_Address\\_and\\_Contact.pdf](https://www.cityofchicago.org/content/dam/city/depts/dps/isupplier/training/Vendor_Create_New_Address_and_Contact.pdf)

Here is a link to all additional technical assistance videos and handouts.

<https://www.cityofchicago.org/city/en/depts/dps/isupplier/online-training-materials.html>

Additionally, Respondents may contact [CustomerSupport@cityofchicago.org](mailto:CustomerSupport@cityofchicago.org) or contact the Customer Support Center at 312-744-HELP to receive more specific instructions and troubleshooting.

## **XII. Evaluation of Proposals**

### **a. Selection/Review Criteria:**

An Evaluation Committee made up of representatives from the Chicago Department of Public Health, other City, County, or State Departments, and/or other community members may review and evaluate the proposals in accordance with the evaluation criteria. The Evaluation Committee will review the Respondent's proposal to determine overall responsiveness and completeness of the proposal with respect to the Phases outlined as follows:

CDPH will assess a Respondent's compliance with and adherence to the stated requirements in the RFP. Respondents that do not meet these eligibility requirements will NOT have their applications evaluated; incomplete application will NOT be evaluated for this RFP.

The Evaluation Committee will evaluate the extent to which a Respondent satisfactorily answers questions and meets requirements set forth in the RFP.

CDPH reserves the right to review any other information that is available to it during the Proposal Evaluation process, including, but not limited to:

- Respondent's historic contract performance of city-funded services (scopes and spending);
- Respondent's historic compliance with city-required data submissions (programmatic and surveillance); and
- Respondent's fiscal strength as demonstrated by audit results.

The City reserves the right to seek clarification on information that is submitted by a Respondent or to request additional information at any time during the Proposal Evaluation process. Any material misrepresentation made by a Respondent may eliminate the Respondent from further consideration.

The City reserves the right to accept or reject any or all proposals; to take exception to parts of proposals; to request written or oral clarification of proposals and supporting materials; or to cancel this RFP process if it is in the City's best interest to do so. The receipt of submittals under this RFP or other documents will in no way obligate CDPH to enter into any contract of any kind with any party. CDPH reserves the right to negotiate separately with competing Respondents for all or any part of the services described in this RFP.

**b. Evaluation Criteria**

Category	Available Points
Alignment with CDPH principles	8
Budget	15
Staffing Plan	12
Technical expertise and relevant experience	30
Proposed project capacity	25
Data Collecting and Reporting	10
Total Points	100

**XIII. Reporting and Other Requirements for Successful Respondents**

Selected organizations will be required to submit all required data through CDPH-approved data collection systems or through other approved methods, submit monthly program reports, voucher on a monthly basis, and participate in all CDPH-sponsored site visits, evaluation, and quality assurance activities. Vouchers must be accompanied by appropriate documentation and contain adequate details for all expenses for which reimbursement is requested.

**XIV. Additional Guidance**

**a. Bidders' Conference**

An online Bidders' Conference has been scheduled for this RFP. The purpose of the Bidders' Conference is to provide an overview of this RFP, describe the proposal review process, and answer prospective respondents' questions. Organizations planning to apply for funding are strongly encouraged to participate in a Bidders' Conference.

The Bidder's Conference is to be held on June 8, 2022 at 3 pm. . Individuals who wish to attend the Bidder's Conference may find additional information at the following meeting link: [https://teams.microsoft.com/l/meetup-join/19%3ameeting\\_MmVkJzjYWQtZjdiZS00ODc4LWI5MjAtNTUzMWMY2ZiYTE5%40thread.v2/0?context=%7b%22Tid%22%3a%227036cda9-062d-4151-8144-97ddc56e7027%22%2c%22Oid%22%3a%22c583cfca-c506-4e64-a23f-7e907f347e7e%22%7d](https://teams.microsoft.com/l/meetup-join/19%3ameeting_MmVkJzjYWQtZjdiZS00ODc4LWI5MjAtNTUzMWMY2ZiYTE5%40thread.v2/0?context=%7b%22Tid%22%3a%227036cda9-062d-4151-8144-97ddc56e7027%22%2c%22Oid%22%3a%22c583cfca-c506-4e64-a23f-7e907f347e7e%22%7d)

**XV. Insurance Requirements**

The Chicago Department of Finance (Finance) has established minimum insurance requirements for applicants awarded federal or state funds. The types of insurance required include worker's compensation; general liability; a fidelity bond (if applicable); automobile liability; and professional liability. Finance reserves the right to require additional types of insurance.

**XVI. Compliance with Laws, Statutes, Ordinances and Executive Orders**

RFP awards will not be final until the City and the respondent have fully negotiated and executed an agreement. All payments under agreements are subject to annual appropriation and availability of funds. The City assumes no liability for costs incurred in responding to this RFP or for costs incurred by the respondent in anticipation of an agreement. As a condition of a RFP award, respondents must comply with the following and with each provision of the grant agreement:

- 1. Conflict of Interest Clause:** No member of the governing body of the City of Chicago or other unit of government and no other officer, employee, or agent of the City of Chicago or other government unit who exercises any functions or responsibilities in connection with the carrying out of the project shall have any personal interest, direct or indirect, in the agreement.

The respondent covenants that he/she presently has no interest, and shall not acquire any interest, direct, or indirect, in the project to which the agreement pertains which would conflict in any manner or degree with the performance of his/her work hereunder. The respondent further covenants that in the performance of the agreement no person having any such interest shall be employed.

If any Respondent has provided any services for the City in researching, consulting, advising, drafting, or reviewing of this RFP or any services related to this RFP, such Respondent may be disqualified from further consideration.

- 2. Governmental Ethics Ordinance, Chapter 2-156:** All respondents agree to comply with the Governmental Ethics Ordinance, Chapter 2-156 which includes the following provisions: a) a representation by the respondent that he/she has not procured the agreement in violation of this order; and b) a provision that any agreement which the respondent has negotiated, entered into, or performed in violation of any of the provisions of this Ordinance shall be voidable by the City.
- 3. Selected respondents:** shall establish procedures and policies to promote a Drug-free Workplace. The selected respondent shall notify employees of its policy for maintaining a drug-free workplace, and the penalties that may be imposed for drug abuse violations occurring in the workplace. The selected respondent shall notify the City if any of its employees are convicted of a criminal offense in the workplace no later than ten days after such conviction.
- 4. Business Relationships with Elected Officials:** Pursuant to MCC Sect. 2-156-030(b), it is illegal for any elected official, or any person acting at the direction of such official, to contact either orally or in writing any other City official or employee with respect to any matter involving any person with whom the elected official has any business relationship that creates a financial interest on the part of the official, or the domestic partner or spouse of the official, or from whom or which he has derived any income or compensation during the preceding twelve months or from whom or which he reasonably expects to derive any income or compensation in the following twelve months. In addition, no

elected official may participate in any discussion in any City Council committee hearing or in any City Council meeting or vote on any matter involving the person with whom the elected official has any business relationship that creates a financial interest on the part of the official, or the domestic partner or spouse of the official, or from whom or which he has derived any income or compensation during the preceding twelve months or from whom or which he reasonably expects to derive any income or compensation in the following twelve months. Violation of MCC Sect. 2-156-030 by any elected official with respect to this contract will be grounds for termination of this contract. The term financial interest is defined as set forth in MCC Chapter 2-156.

5. **Compliance with Federal, State of Illinois and City of Chicago** regulations, ordinances, policies, procedures, rules, executive orders and requirements, including Disclosure of Ownership Interests Ordinance (Chapter 2-154 of the MCC); the State of Illinois - Certification Affidavit Statute (Illinois Criminal Code); State Tax Delinquencies (65ILCS 5/11-42.1-1); Governmental Ethics Ordinance (Chapter 2-156 of the MCC); Office of the Inspector General Ordinance (Chapter 2-56 of the MCC); Child Support Arrearage Ordinance (Section 2-92-380 of the MCC); and Landscape Ordinance (Chapters 32 and 194A of the Municipal Code).
6. **If selected for RFP award:** respondents are required to (a) execute the Economic Disclosure Statement and Affidavit, and (b) indemnify the City as described in the RFP agreement between the city and successful respondents.
7. **Prohibition on Certain Contributions, Mayoral Executive Order 2011-4.** No Contractor or any person or entity who directly or indirectly has an ownership or beneficial interest in Contractor of more than 7.5% ("**Owners**"), spouses and domestic partners of such Owners, Contractors, Subcontractors, any person or entity who directly or indirectly has an ownership or beneficial interest in any Subcontractor of more than 7.5% ("**Sub-owners**") and spouses and domestic partners of such Sub-owners (Contractor and all the other preceding classes of persons and entities are together, the "**Identified Parties**"), shall make a contribution of any amount to the Mayor of the City of Chicago (the "**Mayor**") or to his political fundraising committee during (i) the bid or other solicitation process for this Contract or Other Contract, including while this Contract or Other Contract is executory, (ii) the term of this Contract or any Other Contract between City and Contractor, and/or (iii) any period in which an extension of this Contract or Other Contract with the City is being sought or negotiated.

Contractor represents and warrants that since the date of public advertisement of the specification, request for qualifications, request for proposals or request for information (or any combination of those requests) or, if not competitively procured, from the date the City approached the Contractor or the date the Contractor approached the City, as applicable, regarding the formulation of this Contract, no Identified Parties have made a contribution of any amount to the Mayor or to his political fundraising committee.

Contractor shall not: (a) coerce, compel or intimidate its employees to make a contribution of any amount to the Mayor or to the Mayor's political fundraising committee; (b) reimburse its employees for a contribution of any amount made to the

Mayor or to the Mayor's political fundraising committee; or (c) bundle or solicit others to bundle contributions to the Mayor or to his political fundraising committee.

The Identified Parties must not engage in any conduct whatsoever designed to intentionally violate this provision or Mayoral Executive Order No. 2011-4 or to entice, direct or solicit others to intentionally violate this provision or Mayoral Executive Order No. 2011-4.

Violation of, non-compliance with, misrepresentation with respect to, or breach of any covenant or warranty under this provision or violation of Mayoral Executive Order No. 2011-4 constitutes a breach and default under this Contract, and under any Other Contract for which no opportunity to cure will be granted. Such breach and default entitles the City to all remedies (including without limitation termination for default) under this Contract, under Other Contract, at law and in equity. This provision amends any Other Contract and supersedes any inconsistent provision contained therein.

If Contractor violates this provision or Mayoral Executive Order No. 2011-4 prior to award of the Contract resulting from this specification, the Commissioner may reject Contractor's bid.

For purposes of this provision:

"Other Contract" means any agreement entered into between the Contractor and the City that is (i) formed under the authority of MCC Ch. 2-92; (ii) for the purchase, sale or lease of real or personal property; or (iii) for materials, supplies, equipment or services which are approved and/or authorized by the City Council.

"Contribution" means a "political contribution" as defined in MCC Ch. 2-156, as amended.

"Political fundraising committee" means a "political fundraising committee" as defined in MCC Ch. 2-156, as amended.

- 8.** (a) The City is subject to the June 16, 2014 "City of Chicago Hiring Plan" (the "2014 City Hiring Plan") entered in *Shakman v. Democratic Organization of Cook County*, Case No 69 C 2145 (United States District Court for the Northern District of Illinois). Among other things, the 2014 City Hiring Plan prohibits the City from hiring persons as governmental employees in non-exempt positions on the basis of political reasons or factors.

(b) Contractor is aware that City policy prohibits City employees from directing any individual to apply for a position with Contractor, either as an employee or as a subcontractor, and from directing Contractor to hire an individual as an employee or as a Subcontractor. Accordingly, Contractor must follow its own hiring and contracting procedures, without being influenced by City employees. Any and all personnel provided by Contractor under this Contract are employees or Subcontractors of Contractor, not employees of the City of Chicago. This Contract is not intended to and does not



constitute, create, give rise to, or otherwise recognize an employer-employee relationship of any kind between the City and any personnel provided by Contractor.

(c) Contractor will not condition, base, or knowingly prejudice or affect any term or aspect of the employment of any personnel provided under this Contract, or offer employment to any individual to provide services under this Contract, based upon or because of any political reason or factor, including, without limitation, any individual's political affiliation, membership in a political organization or party, political support or activity, political financial contributions, promises of such political support, activity or financial contributions, or such individual's political sponsorship or recommendation. For purposes of this Contract, a political organization or party is an identifiable group or entity that has as its primary purpose the support of or opposition to candidates for elected public office. Individual political activities are the activities of individual persons in support of or in opposition to political organizations or parties or candidates for elected public office.

(d) In the event of any communication to Contractor by a City employee or City official in violation of paragraph (b) above, or advocating a violation of paragraph (c) above, Contractor will, as soon as is reasonably practicable, report such communication to the Hiring Oversight Section of the City's Office of the Inspector General, and also to the head of the relevant City Department utilizing services provided under this Contract. Contractor will also cooperate with any inquiries by the City's Office of the Inspector General Hiring Oversight.

## **9. False Statements**

### **(a) 1-21-010 False Statements**

Any person who knowingly makes a false statement of material fact to the city in violation of any statute, ordinance or regulation, or who knowingly makes a false statement of material fact to the City in connection with any application, report, affidavit, oath, or attestation, including a statement of material fact made in connection with a bid, proposal, contract or economic disclosure statement or affidavit, is liable to the city for a civil penalty of not less than \$500.00 and not more than \$1,000.00, plus up to three times the amount of damages which the city sustains because of the person's violation of this section. A person who violates this section shall also be liable for the city's litigation and collection costs and attorney's fees.

The penalties imposed by this section shall be in addition to any other penalty provided for in the municipal code. (Added Coun. J. 12-15-04, p. 39915, § 1; Amend Coun. J. 3-18-09, p. 56013, § 1)

### **(b) 1-21-020 Aiding and Abetting.**

Any person who aids, abets, incites, compels, or coerces the doing of any act prohibited by this chapter shall be liable to the city for the same penalties for the violation. (Added Coun. J. 12-15-04, p. 39915, § 1)

### **(c) 1-21-030 Enforcement.**

In addition to any other means authorized by law, the corporation counsel may enforce this chapter by instituting an action with the department of administrative hearings. (Added Coun. J. 12-15-04, p. 39915, § 1)

## Budget Form Instructions

### Budget Summary Form

The attached form should be used to (1) track the expenditures of a program based on the type or category of expenditure (e.g., personnel, materials and supplies, equipment, etc.) and (2) identify all other program costs charged to other funding sources. Follow these instructions to accurately complete the form.

**A1. Department:** Please identify the City department.

**A2. Program:** Please identify the name of the City program.

**B1. Agency Name:** Please identify the name of the Delegate Agency.

**B2. FEIN:** The Internal Revenue Service (IRS) assigns a 9-digit federal employer identification number (FEIN) to every organization employing one or more individuals. Please indicate the delegate agency's FEIN in the space provided. Should an agency have questions concerning its identification number, call the IRS at (800) 829-1040.

**C1. Program Name:** Please identify the Delegate Agency Program name.

**C2. Phone Number:** Please identify the employee contact and phone number for the Program

**C3. Email Address:** Please identify the contact email address for the Program.

**D. Program Budget Year: 2022**

**D1. Type of Expenditure**  
**D2. Account number:** *The necessary information has already been provided for rows 18-24. In exceptional cases, departments may obtain approval to use "other" accounts. If you are unsure how to categorize a specific cost, please contact your department program contact. Please note: For local transportation costs, the automobile allowance for staff is the same as the allowance for City employees. In 2020, the standard mileage rate is 57.5 cents per mile.*

**D3. City Share:** *This column will be automatically populated by formulas based on the information entered into the "City Share" columns in the Personnel & Non-Personnel forms.*

**D4. Other Share** *This column will be automatically populated by formulas based on the information entered into the "Other Share" columns in the Personnel & Non-Personnel forms.*

**D5. Total Cost** *This column will be automatically generated by formulas based on the information entered into (D3) and (D4).*

**E. Percentage of Total Program Costs Paid by Other Share:** *This column will be automatically generated by formulas based on the information entered into (D4) and (D5).*

## Budget Form Instructions

### Personnel Budget Form

This form should be used to estimate or project a delegate agency's anticipated personnel costs for fiscal year 2021 and provide a summary of the job responsibilities for each budgeted position.

**Personnel Budget Allocation:** 2022

- A1. Position Title:** List all positions that will be funded under this program during fiscal year 2019. This should include salaries that will be paid exclusively by funding sources other than the City.
- A2. Number of Employees:** For each position listed in column (A1), indicate the number of employees to be funded.
- A3. Salary Rate:** For each position listed in column (A1), indicate the corresponding salary rate(s) (either annually or hourly) for each employee. If there are different rates for the same position, list the rates one under another.
- A4. Time Spent on Program:** Please indicate the percentage (%) of time that this employee is anticipated to spend on this program.
- A5. Pay Periods:** List the number of pay periods per year.
- A6. City Share:** For each position listed, please indicate what amount of salary will be paid with City funds.
- A7. Other Share** *This information will be automatically generated by formulas.*  
Other Share is generated by subtracting column (A6) from column (A8).
- A8. Total Cost:** *This information will be automatically generated by formulas.*  
Total Cost is generated by multiplying columns (A2), (A3), and (A4).
- A9. Summary of Job Responsibilities:** Describe briefly the duties and responsibilities associated with each position listed in column (A1).
- A10. Personnel Totals:** *This information will be automatically generated by formulas.*  
Personnel Totals indicates subtotals for columns (A2), (A6), (A7), and (A8).

## Budget Form Instructions

### B. Fringe Benefits and Total Personnel Costs:

Both the federal government and the State of Illinois require employers to pay various employee taxes and contributions<sup>1</sup>. These taxes and contributions, along with certain fringe benefits that a delegate may wish to offer its employees, are eligible expenses. The City's share of fringe costs must be reasonably proportional to the City's share of salary costs. Please estimate these various costs on the form where indicated.

**B1a. Social Security:** The employer and employee tax rate for social security is 6.2%. The wage base limit is \$128,400. This should be computed every payroll period.

**B1b. Medicare:** The employer and employee tax rate for Medicare tax is 1.45%. There is no wage base limit for Medicare tax; all covered wages are subject to Medicare tax. This should be computed every payroll period.

**B2. State Unemployment Insurance<sup>2</sup>:** Identify the City's share and total cost of State Unemployment Insurance in columns G and I, respectively. It is likely that your organization is liable for State Unemployment Insurance. For further information contact the Illinois Department of Employment Security hotline at (800)247-4984.

**B3. State Worker's Compensation:** Identify the City's share and total cost of State Worker's Compensation Insurance in columns G and I, respectively. This insurance is computed at a rate determined by the employee's type of business or organization. How often an employer must pay worker's compensation is based on the size of the insurance premium. All applicants are encouraged to call the National Council of Compensation Insurance (NCCI) at (800) 622-4123 for technical assistance in this matter.

**B4-B5. Other:** Please list any other employer expenses or benefits the agency will or must offer its employees. Please identify the City Share and the Total Cost in columns G and I.

**B6. Fringe Benefits Total:** *This information will be automatically generated by formulas.*  
Fringe Benefits Totals indicates subtotals for Fringe Benefits columns G-I.

**B7. Personnel Costs Total:** *This information will be automatically generated by formulas.*  
Personnel Costs Totals are generated by adding Personnel Totals (A10) and Fringe Benefits Totals (B6).

### ***Please Note: Regarding Insurance***

The Chicago Department of Finance (Finance) has established minimum insurance requirements for applicants awarded federal or state funds. The types of insurance required include worker's compensation; general liability; a fidelity bond (if applicable); automobile liability; and professional liability. Finance reserves the right to require additional types of insurance.

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<sup>1</sup>The Federal Insurance Contributions Act (FICA) tax includes two separate taxes. One is social security tax and the other is Medicare tax. Different rates apply for each of these taxes. [www.irs.gov](http://www.irs.gov).

<sup>2</sup> Most non-profit agencies do not have to pay the Federal Unemployment Tax. Check with the IRS at (800) 829-1040 to determine if your agency is exempt. An agency should also check with the lead City department to determine whether additional benefit(s) it wishes to offer are City eligible expenses.

## Budget Form Instructions

### Non-Personnel Budget Form

This form should be used to estimate and justify the non-personnel line item amounts shown on the Budget Summary.

**Non-Personnel Budget Allocation:** 2022

- A1. Type of Expenditure:** *The necessary information has already been provided for Rows 9-13. Delegate budgets are limited to the accounts listed on the Non-Personnel Budget.*
- A2. Account Number:** *For any "Other" approved type(s) of expenditure, list the account description(s) and the corresponding account number(s) which are applicable to this program. Do not include the personnel account.*
- A3. City Share:** *For each type of expenditure and account number, please indicate how much will be paid with City funds.*
- A4. Other Share:** *This information will be automatically generated by formulas. Other Share is generated by subtracting (A3) from (A5).*
- A5. Total Cost:** *Indicate the total amount budgeted for each expenditure type and account number.*
- A6. Description and Justification:** *All funds listed in (A5) must be justified for City Share and Total Cost. Please show all calculations. Include quantities and unit costs wherever possible.*
- A7. Non-Personnel Totals:** *This information will be automatically generated by formulas. Non-Personnel Totals indicates totals for (A3), (A4), and (A5).*

**CONFLICT OF INTEREST QUESTIONNAIRE**

Federal, State and City law prohibits employees and public officials of the City of Chicago from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant. The purpose of this questionnaire is to determine if the applicant, or any of the applicant's staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this questionnaire (a) a City employee or consultant, or (b) a City Councilperson?

Yes \_\_\_ No\_\_\_

If yes, please list the names(s) below:


On a separate sheet of paper, please indicate the job title or role each person listed above has with respect to the applicant; state whether each person listed above is a City employee, consultant, or City Councilperson; and identify the City Department in which he/she is employed.

2. Will the funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been within one year of the date of this questionnaire a City employee, consultant, or a City Councilperson?

Yes \_\_\_ No\_\_\_

If yes, please list the name(s) below:


On a separate sheet of paper, please state whether each person listed above is a City employee, consultant, or City Councilperson,; and identify the City Department in which he/she is employed.

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or City Councilperson,?

Yes \_\_\_ No \_\_\_

If yes, please identify on a separate sheet of paper, the City employee, consultant, or Councilperson with whom each individual has family or business ties.

---

Name of Applicant: \_\_\_\_\_

---

Signature of Applicant's Representative

---

Title

Date: \_\_\_\_\_



# How to Submit an Application in the eProcurement System

When you are ready to submit, start by saving your draft one last time. Then click Continue.

Create Quote: 235163 (RFQ 6952)

Title: DESS Youth Services Enrichment Programs - STEM (Science, Tech, Engin. & Math)

Supplier: DEBORAH'S PLACE  
RFQ Currency: USD  
Quote Currency: USD  
Price Precision: Any

Quote Valid Until: 31-Jul-2019  
(example: 27-Jun-2019)

Reference Number:

Note to Buyer:

Time Left: 19 days 2 hours  
Bid Opening Date/Supplier Response Due Date: 16-Jul-2019 12:00:00

Buttons: Cancel, Revert to Active Quote, View RFQ, Quote By Spreadsheet, Save Draft, Continue

---

**Header** | **Lines**

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update	Delete
Budget	File		From Supplier	KBWILSON	20-Jun-2019	One-Time		

---

**Attachments**

[Add Attachment...](#)

---

**Requirements**

[Expand All](#) | [Collapse All](#)

Focus Title	Target Value	Quote Value
Requirements		

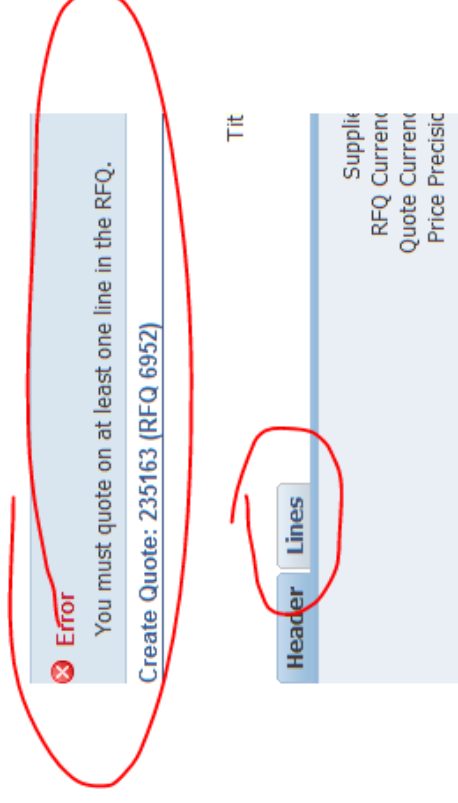
Buttons: Cancel, Revert to Active Quote, View RFQ, Quote By Spreadsheet, Save Draft, Continue

Navigation: Home, Learn, Performance, Help

If you are missing information, you will be given an error message on the top of the page.

The screenshot shows a software interface with a navigation bar at the top containing 'Regulations', 'Negotiations > Active Solicitations > RFQ: 6952 >', and 'Create Quote: 235163 (RFQ 6952)'. A red circle highlights an error message: 'Error: You must quote on at least one line in the RFQ.' Below the error message, the interface displays a table with columns: Title, Supplier, RFQ Currency, Quote Currency, Price Precision, Category, Last Updated By, Last Updated, Usage, and Update. The table contains one row with the following data: Title: DESS Youth Services Enrichment Programs - STEM (Science, Tech, Engin. & Math); Supplier: DERORAH'S PLACE; RFQ Currency: USD; Quote Currency: USD; Price Precision: Any; Category: From Supplier; Last Updated By: KAWILSON; Last Updated: 2017-Jun-2019; Usage: One-Time; Update: [pencil icon]. Below the table, there are sections for 'Attachments' and 'Requirements'. The 'Attachments' section has an 'Add Attachment...' button and a table with columns: Title, Type, Description. The 'Requirements' section has an 'Expand All' button, a 'Collapse All' button, and a 'Focus Title' section with a 'Requirements' sub-section. At the bottom of the interface, there are buttons for 'Cancel', 'Revert to Active Quote', 'View RFQ', 'Quote By Spreadsheet', and 'Save Draft'.

Usually the error messages direct to something left undone in the application.  
In the last example, the error message indicated that the lines (found under the lines tab) had not been filled out.



In this example, the error is about an unanswered question in the application (or Requirements section). The Quote Value refers to your (in this case, missing) answer.

The screenshot displays a software interface with an error message at the top left, circled in red. The error text reads: "Error: A quote value is required for requirement First Name." Below the error message, the text "Create Quote: 236154 (RFQ 6952)" is visible. The main interface area is titled "DFSS Youth Services Enrichment Programs - STEM (Science, Tech, Engin. & Math)". It includes a "Header" section with fields for "Supplier" (DEBORAH'S PLACE), "RFQ Currency" (USD), "Quote Currency" (USD), and "Price Precision" (Any). There are also fields for "Quote Valid Until", "Reference Number", and "Note to Buyer". Below the header is an "Attachments" section with a button "Add Attachment...". A table with columns "Title", "Type", "Description", "Category", and "Last Updated By" is shown, with the note "No results found." Below the table is a "Requirements" section with a button "Expand All" and a "collapse All" link. A "Focus Title" section contains checkboxes for "Requirements" and "Contact Information". At the bottom right, a "First Name" field is circled in red. In the top right corner, there are buttons for "Cancel" and "Revert to Active Quote", along with "Time Left: 19 4a" and "Bid Opening Date/Supplier Response Due Date: 16-Jul". A "Target Value" field with a "Quote Value" label is circled in red at the bottom right of the interface.

Once your application is free from errors, you are ready to proceed and submit! At this point, clicking “Continue” should put your application into the “Review and Submit” phase.

Negotiations

Create Quote 236154: Review and Submit (RFQ 6952)

Header

Title DFSS Youth Services Enrichment Programs - STEM (Science, Tech, Engin. & Math)  
Supplier DEBORAH'S PLACE  
RFQ Currency USD  
Quote Currency USD  
Price Precision Any

Time Left 19 days 2 hours  
Close Date 16-Jul-2019 12:00:00  
Quote Valid Until  
Reference Number  
Note to Buyer

Attachments

No results found.

Requirements

Show All Details | Hide All Details  
Details Section

Cancel Back Validate Save Draft Printable View Submit

This is your last chance to review all your data and confirm that it is accurate. Check your attachments and scroll to the bottom of the screen to see all your responses.

**Header**

Title: Chicago Early Learning Community Based Programs RFP #2

Supplier: Clarifigm Inc

RFQ Currency: USD

Quote Currency: USD

Price Precision: Any

Time Left: 20 days 3 hours

Close Date: 13-Jul-2019 12:00:00

Quote valid Until

Release to Buyer

Quote Number

Note to Buyer

**Attachments**

No results found.

**Requirements**

Show All Details | Hide All Details

**Details Section**

Hide Contact Information

Requirement	Target Value	Quote Value
First Name		John
Last Name		Chicago
Task Name		845-251-XXXX
Task ID		845-251-XXXX
Phone Number		845-251-XXXX
Email Address		Thebestagency@childcare.com
Contact Type		Email Applicant

Organization Information

Requirement	Target Value	Quote Value
Legal Organization Name		Super Leaders Academy /Nabon
Address		4555 E. 53rd St
City		Chicago
State		IL
Zip		60699
Telephone Number		845-251-XXXX
Federal Employer Identification Number		84-992289
DUNS Number		92-8992-5110
Head of Agency Name		Jane Doe
Head of Agency Title		Executive Director
Head of Agency Contact Telephone		845-251-XXXX
Head of Agency Email Contact		JaneDoe@superleadersacademy.com
Chief Finance Officer Name		Jane Doe Jr.
Chief Finance Officer Title		Chief Finance Officer
Chief Finance Officer Telephone		845-251-XXXX
Chief Finance Officer Email		terridoe@superleadersacademy.com
Website Address		NA
Year Org. Established		2008

Did you attach the following in your Admin. section? \*Liability Insurance \*Board Member Identification \*IRS Determination Letter \*SAM Certificate \*Certificate of Good Standing \*Bylaws and Articles of Incorporation \*Financial Statement

[Show Geographic Area\(s\) Served](#)

At the bottom of the screen you will be asked to provide an electronic signature. Be sure to fill in the signature before checking the box!

Item	Description	Unit	Quantity	Unit Price	Total Price	Category	Last Updated By	Last Updated	Usage	Update	Delete
<input type="radio"/> 11.0100 - Admin - Op...				USD	7,400.00						
<input type="radio"/> 12.0140 - Admin - Pr...				USD	25,000.00						
<input type="radio"/> 13.0200 - Admin - Tr...				USD	1,500.00						
<input type="radio"/> 14.0300 - Admin - Ma...				USD	6,000.00						
<input type="radio"/> 15.0400 - Admin - Eq...				USD	1.00						
<input type="radio"/> 16.0601 - Admin - In...				USD	1.00						
<input type="radio"/> 17.0599 - Admin - Ot...				USD	2,500.00						
<input type="radio"/> 18.1240 - Program - ...				USD	19,500.00						

**Line 1: 0005 - Program - Personnel**

**Notes**  
Note to Buyer

**Attachments**  
No results found.

**Electronic Signature**

By submitting a bid/proposal/application and inputting his/her name and title, the person signing below certifies that he/she is authorized to submit this bid/proposal/application on behalf of the submitting party and warrants that all certifications and statements contained in the bid/proposal/application are true, accurate and complete as of the date furnished to the City. The person signing below understands that the submission will be binding on the submitting party.

\* Name:   
 \* Title:   
 \* Indicates required fields. Before submitting the response please enter Name and Title and accept the disclaimer by checking the box above.

Cancel Back Validate Save Draft Printable View Submit



Then click "Submit".

Item	Description	Unit	Quantity	Unit Price	Total Price
111000 - Admin - Op...		USD	1	7,400.00	7,400.00
121040 - Admin - Pr...		USD	1	25,000.00	25,000.00
131020 - Admin - Tr...		USD	1	1,500.00	1,500.00
141030 - Admin - MA...		USD	1	6,000.00	6,000.00
151040 - Admin - Eg...		USD	1	1.00	1.00
161031 - Admin - In...		USD	1	1.00	1.00
171059 - Admin - Ot...		USD	1	2,500.00	2,500.00
181240 - Program - ...		USD	1	19,500.00	19,500.00

**Line 1: 0005 - Program - Personnel**

Notes

Note to Buyer

Attachments

No results found.

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update	Delete
-------	------	-------------	----------	-----------------	--------------	-------	--------	--------

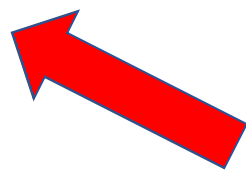
**Electronic Signature**

By submitting a bid/proposal/application and inputting his/her name and title, the person signing below certifies that he/she is authorized to submit this bid/proposal/application on behalf of the submitting party and warrants that all certifications and statements contained in the bid/proposal/application are true, accurate and complete as of the date furnished to the City. The person signing below understands that this submission will be binding on the submitting party.

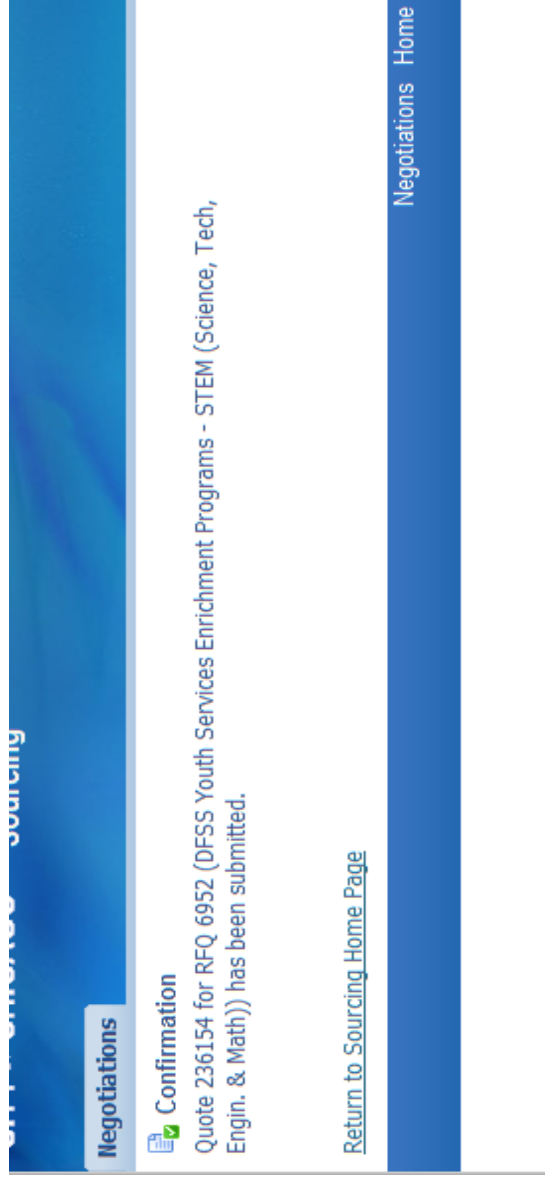
\* Name: [OMA]  
\* Title: [President/ Test]

\* Indicates required field. Before submitting the response please enter Name and Title and accept the disclaimer by checking the box above.

Cancel Back Validate Save Draft Printable View **Submit**



Make sure that you see this submittal confirmation screen. The eProcurement system will not send a confirmation email so it is critical that you see this screen.





## NEW ONLINE ISUPPLIER CUSTOMER SUPPORT CENTER

**EFFECTIVE: DECEMBER 1, 2019**

Office Days/Hours: Monday – Friday from 8:30am to  
4:30pm

**Customer Support Center Telephone Number:**

(312) 744-HELP (4357)

**Customer Support Center Email Address:**

[CustomerSupport@cityofchicago.org](mailto:CustomerSupport@cityofchicago.org)

The New iSupplier Customer Service Support Center (**Help Desk**) will provide assistance in the following areas:

- ★ **Registration and Login Assistance**
- ★ **Contact and Address Update Assistance**
  - ★ **Solicitation Assistance**
  - ★ **Invoicing Assistance**
- ★ **Training Dates and Training Material**

All previous contact information will be forwarded to the new Help Desk at [CustomerSupport@cityofchicago.org](mailto:CustomerSupport@cityofchicago.org) or (312) 744-HELP (4357).